

Iowa CACFP Child Care Center Parent/ Guardian Letter - Pricing (front)**Rev. 7/09**

Purpose: The attached Iowa Eligibility Application is used to determine eligibility for free and reduced price meal reimbursement. The instructions for completion are on the back of this letter.

Instructions to centers: Choose Form B if you are a pricing center and have a separate charge for meals. Copy this letter (front and back) and staple to each application that is distributed to families of enrolled participants.

Dear Parent or Guardian:

This center participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department

of Agriculture. Enrolled participants may buy lunch and supper for \$_____, breakfasts for \$_____, and snacks for

\$_____. Enrolled participants from families whose income is at or below the level shown on the chart below are eligible for either

free meals, or reduced price meals that cost \$_____ for lunch/supper, \$_____ for breakfast, and \$_____ for snacks.

To apply for free or reduced price meals, please fill out this application as soon as possible, sign it and return it to the center. An application, which does not contain all required information, cannot be used by the center. If required information is missing, meal benefits will be denied. Call your center if you need help with the form. This information reported on this form will be filed and treated as confidential.

A foster child, who is the legal responsibility of a welfare agency or court, may be certified as eligible for free meals regardless of your household income. See instructions on the back for more information.

If you do not now qualify to receive free or reduced price meals, you may apply for benefits at any time during the year. If you are not eligible now and later have a decrease in household income, become unemployed, have an increase in family size or have enrolled children that become eligible for food assistance or FIP, you may fill out an application at that time.

If you do not agree with the center's decision about your application, you may wish to discuss it with them. You also have a right to a fair hearing. This can be done by calling or writing the following official: _____

(Insert Name, Address, Telephone of Hearing Official)

You will be notified of the approval or denial of this application.

Income Eligibility Guidelines for Reduced Price Meals
Effective 7-1-2009 to 6-30-2010

Household Size	Reduced Price Meals				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	+6,919	+577	+289	+267	+134

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or if you list a Food Assistance number, or Family Investment Program number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Instructions for Completing Iowa Eligibility Application

Complete both sides of an application for each household. Each foster child is a household of one.

Part 1. All applicants should complete this part. This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If your household receives **FIP or FOOD ASSISTANCE/SNAP**, or your child is in **Head Start or Even Start**, follow these instructions.

Part 2. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. List the FIP number or the Food Assistance case number for each child. Take these case numbers from the Notice of Decision. Eligibility based on Head Start or Even Start is available only if your child is enrolled in Federally funded low income slot. **NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable.** Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

Part 3. Skip this section.

Part 4. Read the certification and fill in all the blanks in this section.

If you are applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

Part 1. Check the box for foster child.

Part 2. List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Use one application for each foster child. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

Part 3. Complete this section only if the child receives money for personal use or has other regular personal income. If the child has no income, check the box indicating no income. A Social Security Number is not required. DO NOT include the stipend received by the foster family to provide care to the child.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions.

Part 2. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

Part 3. Follow these instructions to report total household income from last month.

Name: List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

Age: List the age of each household member.

Check if No Income: Put a mark in the box if the household member **does not** have an income.

Gross Income last month and how it was received: Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.

Other Monthly Payments or Income: List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income Last Month column. **Do not report:** Scholarships, educational benefits, lump sum payments, children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. If you do not provide your Social Security number or mark the box, your application cannot be processed.

Part 4. Read the certification and fill in all the blanks in this section.